

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 1 7

2. STATE:

CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July
~~OCTOBER~~ 1, 2000

PSD

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 0 \$ 0

b. FFY 0 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1a to Attachment 3.1-A Page 1
Supplement 1b to Attachment 3.1-A Page 1
" 1d " " " "
" 1e " " " "
" 1f " " " "9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

SAME

10. SUBJECT OF AMENDMENT:

Local Governmental Agencies providing Targeted Case Management Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Governor's Office does not wish to
review State Plan Amendments

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gail Margolis

14. TITLE:

Deputy Director

15. DATE SUBMITTED:

9/28/00

16. RETURN TO:

Department of Health Services
714 P. Street, Room 1640
Sacramento, CA 95814

Attn: State Plan Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 28, 2000

18. DATE APPROVED:

December 5, 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

CASE MANAGEMENT SERVICES

A. Target Group:

Title XIX eligible, high-risk persons identified as having a need for public health case management services including the following individuals:

- Women, infants, children and young adults to age 21
- Persons with HIV/AIDS
- Persons with reportable communicable diseases
- Pregnant women
- Persons who are technology dependent
- Persons who are medically fragile
- Persons with multiple diagnoses

"High-risk persons" are those who have failed to take advantage of necessary health care services, or do not comply with their medical regimen or who need coordination of multiple medical, social and other services due to the existence of an unstable medical condition in need of stabilization, substance abuse or because they are victims of abuse, neglect, or violence.

Payment for case management services will not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

Case management services provided in accordance with Section 1915(g) of the Social Security Act will not duplicate case management services provided under any home and community-based services waiver.

There shall be a county-wide system to ensure coordination among providers of case management services provided to beneficiaries who are eligible to receive case management services from two or more programs.

B. Areas of State in which services will be provided:

☐ Entire State

☒ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than Statewide): Alameda, Amador, Butte, Calaveras, Contra Costa, El Dorado, Fresno, Glenn, Humboldt, Imperial, Kern, Kings, Lassen, Marin, Mendocino, Merced, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Shasta, Solano, Sonoma, Stanislaus, Sutter, Trinity, Tulare, Tuolumne, Ventura, Yolo and Yuba counties, City of Berkeley, City of Long Beach, and the City of Pasadena.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

CASE MANAGEMENT SERVICES

A. Target Group:

Medi-Cal eligible persons who are in need of outpatient clinic medical services and who need case management services in connection with their treatment because they are unable to access or appropriately utilize services themselves, including the following individuals:

- Persons who have demonstrated non compliance with their medical regimen
- Persons who are unable to understand medical directions because of language or other comprehension barriers
- Persons with no community support system to assist in follow-up care at home
- Persons who require services from multiple health/social service providers in order to maximize health outcomes

Payment for case management services will not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

Case management services provided in accordance with Section 1915(g) of the Social Security Act will not duplicate case management services provided under any home and community-based services waiver.

There shall be a county-wide system to ensure coordination among providers of case management services provided to beneficiaries who are eligible to receive case management services from two or more programs.

B. Areas of State in which services will be provided:

☐ Entire State.

☒ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than Statewide): Alameda, Butte, El Dorado, Humboldt, Kern, Lake, Marin, Napa, Placer, Riverside, San Diego, San Francisco, San Mateo, Shasta, Sonoma, Trinity, Tulare, Ventura, Yuba and counties, City of Berkeley, and the City of Long Beach.

C. Comparability of Services:

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(l) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: California

CASE MANAGEMENT SERVICES

A. Target Group:

Title XIX eligible individuals:

Individuals, 18 years or older, who have exhibited an inability to handle personal, medical, or other affairs, who are under conservatorships of person and/or estate or a representative payee.

Payment for case management services will not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

Case management services provided in accordance with Section 1915(g) of the Social Security Act will not duplicate case management services provided under any home and community-based services waiver.

There shall be a county-wide system to ensure coordination among providers of case management services provided to beneficiaries who are eligible to receive case management services from two or more programs.

B. Areas of State in which services will be provided:

☐ Entire State.

☒ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than Statewide): Alameda, Butte, Contra Costa, El Dorado, Fresno, Glenn, Humboldt, Imperial, Lassen, Los Angeles, Marin, Napa, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Cruz, Shasta, Sonoma, Stanislaus, Trinity, Tulare, Yolo and Yuba counties, City of Berkeley.

C. Comparability of Services

☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Targeted case management services include needs assessment, setting of objectives related to needs, individual service planning, service scheduling, and periodic evaluation of service effectiveness. Case management services ensure that the changing needs of the Medi-Cal eligible person are addressed on an ongoing basis and appropriate choices are provided among the widest array of options for meeting those needs. Case management includes the following:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

CASE MANAGEMENT SERVICES

A. Target Group:

Title XIX eligible individuals, 18 years and older, in frail health and in need of assistance to access services in order to prevent institutionalization.

Payment for case management services will not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

Case management services provided in accordance with Section 1915(g) of the Social Security Act will not duplicate case management services provided under any home and community-based services waiver.

There shall be a county-wide system to ensure coordination among providers of case management services provided to beneficiaries who are eligible to receive case management services from two or more programs.

B. Areas of State in which services will be provided:

☐ Entire State.

☒ Only in the following geographic areas (authority of Section 1915(g)(1) of the is invoked to provide services less than Statewide): Alameda, Butte, Contra Costa, El Dorado, Humboldt, Kern, Marin, Mendocino, Napa, Nevada, San Diego, San Francisco, San Mateo, Santa Barbara, Shasta, Trinity, Tulare and Yuba counties, City of Berkeley.

C. Comparability of Services

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D. Definition of Services:

Targeted case management services include needs assessment, setting of objectives related to needs, individual service planning, service scheduling, and periodic evaluation of service effectiveness. Case management services ensure that the changing needs of the Medi-Cal eligible person are addressed on an ongoing basis and appropriate choices are provided among the widest array of options for meeting those needs. Case management includes the following:

1. Assessment

Analyzing each client's need for medical, social, educational and other services to determine appropriate resources and to develop a service plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

CASE MANAGEMENT SERVICES

A. Target Group:

Medi-Cal eligible persons who are 18 years of age and older who on probation have a medical and/or mental condition and are in need of assistance in accessing and coordination of medical, social and other services.

Payment for case management services will not duplicate payments made to public agencies or private entities under other program authorities for the same purposes.

Case management services provided in accordance with Section 1915(g) of the Social Security Act will not duplicate case management services provided under any home and community-based services waiver.

There shall be a county-wide system to ensure coordination among providers of case management services provided to beneficiaries who are eligible to receive case management services from two or more programs.

B. Areas of State in which services will be provided:

☐ Entire State.

☒ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than Statewide): Alameda, Amador, Humboldt, Marin, Napa, Orange, Placer, Shasta, Solano, and Yuba counties, City of Berkeley.

C. Comparability of Services

☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope.
Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Targeted case management services include needs assessment, setting of objectives related to needs, individual service planning, service scheduling, and periodic evaluation of service effectiveness. Case management services ensure that the changing needs of the Medi-Cal eligible person are addressed on an ongoing basis and appropriate choices are provided among the widest array of options for meeting those needs. Case management includes the following:

1. Assessment

Analyzing each client's need for medical, social, educational and other services to determine appropriate resources and to develop a service plan.